## TITLE VI – COMPLAINT FORM

This form may be used to file a complaint with the Michigan Department of Transportation (MDOT) based on purported violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a letter that provides the same information is sufficient to file your complaint. If you need assistance completing this form due to a physical impairment, please contact us by phone at (517)241-4427. FAX (517)335-0945 or TDD/TTY through the Michigan Relay Center at (800) 649-3777.

Only the complainant or the complainant's designated representative should complete this form.									
NAME									
CTREET ADDRESS									
STREET ADDRESS									
CITY				STATE	ZIP CODE				
HOME TELEPHONE	WORK TELEPHONE		FAX						
Individual(s) discriminated against, if different from above (use additional page(s) if necessary):									
NAME									
STREET ADDRESS									
CITY		STATE	ZIP CODE						
Citt				STATE	ZII GODE				
HOME TELEPHONE NO.	WORK TELEPHONE	NO.	FAX NC	 NO.					
PLEASE EXPLAIN YOUR RELATIONSHIP	TO THE INDIVIDUAL	s) INDICATED ABOVE	<b>=</b>						
Name of Agency and department or	program that discr	iminated:							
AGENCY AND DEPARTMENT NAME									
NAME OF INDIVIDUAL (If known)									
STREET ADDRESS									
OTTLET ADDITEGO									
CITY	STAT			ZIP CODE					
TELEPHONE NO.		FAX NO.							
Date(s) of alleged discrimination:									
DATE DISCRIMINATION BEGAN	LAST OR MOST RECENT DATE OF DISCRIMINATION								
Waiver Request:									
·									
Generally, complaints of discrimination must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed was more that 180 days ago, you may request a waiver of the filing requirement. If you									
wish to request a waiver, please explain why you waited until now to file your complaint.									

MDOT 0112 (05/08) Page 2 of 2

## Alleged discrimination:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the bases on which you believe these discriminatory actions were taken.

*Example:* If you believe that you were discriminated against because you are African American, you would mark the box labeled *race/color* and write *African American* in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the box labeled sex and write female in the space provided.

	Race/Color		Religion	
	National origin [		Age	
	Sex		Disability	
Exp	lain:			
alleg	se explain as clearly as possible what happened. Provid ped discrimination. (Attach additional sheets if necessary case.)	e t	he name(s) of witnesses and others ad provide a copy of written materia	s involved in the Is pertaining to
SIGN	IATURE		DATE	
			l l	

**Note:** The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

Verna Miller, MDOT, Title VI Specialist 25900 Greenfield Rd. Ste 245 Oak Park, MI 48237 (248)967-0570 Ext.217